2022 National Veterans Summer Sport Clinic

ATTENTION – PLEASE READ!!

Registration deadline is April 1, 2022.

Registrations received after deadline will not be processed or accepted.

Check Off List

Only completed & signed forms will be reviewed for consideration.

- ☐ **1.** Download General Medical/Physical Exam, (VA Form 0928c) from www.summersportsclinic.va.gov *This form must be filled out completely and signed by examining clinician. Make sure problem list, current EKG for age 40 and over, and current medication list is included in addition to the two medical pages.*

- ☐ **2.** Submit General Medical/Physical Exam form and all required documents listed above to https://va.jotform.com/220334734316853

- ☐ **3.** Once NVSSC Medical Staff confirm your submission of the General Medical/Physical Exam form and required documents are received and complete, you will be emailed a link to complete your registration for the 2022 National Veterans Summer Sports Clinic.

- ☐ **4.** You will be notified if you have been selected to attend once registration is closed and the NVSSC Medical Staff have reviewed all eligible applicants.

To avoid confusion and possible loss of funds, please DO NOT make any travel or lodging reservations until you have received an acceptance letter from our office.

Thank you for your interest in the National Veterans Summer Sports Clinic.
VA continues to monitor the COVID-19 pandemic.

National Veterans Summer Sports Clinic

Dear Provider,

You are being asked to medically clear your patient to participate in the National Veterans Summer Sports Clinic (NVSSC). The NVSSC is a national rehab program through the office of the National Veterans Sports Programs and Special Events that promotes the value of rehabilitation utilizing a variety of summer leisure activities and adaptive sports. This clinic offers adaptive sailing, kayaking, cycling, surfing, adaptive fitness, and other adaptive activities. Some of the activities can be quite vigorous and we are asking that you be mindful of this when determining whether your patient is medically fit to participate. You should take into account how much exercise/activity they do on a regular basis.

Please review the following when considering your patient's participation:

- Cardiac disease – if your patient has a history of CAD or CHF they may not be able to keep up with the activities during the week. If you feel they are stable enough to participate, please include information on the most recent cardiac stress test and/or echocardiogram. Patients with low EF and high risk of sudden cardiac death will not be medically cleared by our staff.
- Diabetes – These patients must have good diabetes control prior to coming to San Diego for the event. Please include the most recent hemoglobin A1c (preferably within the last 3 months). We will not accept patients with a HbA1c > 8.5.
- Mental health – Outdoor physical activity can be very beneficial for our veterans with mental health issues. However, coming to a new environment and participating in this strenuous event can be stressful for people. Please make sure your patient is mentally and behaviorally stable in order to participate.
- Substance abuse – We require documentation of at least 6 months sobriety from drugs and/or alcohol in order to participate.
- Wounds – Any patient with open, non-healing wounds should not attend the NVSSC. During the week these patients have exposure to salt water and sand which can make managing a chronic wound very difficult.
- Weight limits – Most of our venues have weight limits related to the equipment we use. If your patient needs assistance with transfers, then the weight limit is 250lbs. For independent patients the weight limit is 300 pounds.
- Pending surgery – If your patient is planning surgery prior to the event consider whether they will be completely recovered in time to participate.

If at any time the medical condition of your patient changes so that they would not be safe to participate, please contact the NVSSC office ASAP at summersportsclinic@va.gov. If you have any questions regarding your patient's medical clearance you can contact the NVSSC Medical Director at 858-518-5056.

Regards,

Michal "Kalli" Hose, MD
Medical Director, National Veterans Summer Sports Clinic

OMB Number: 2900-0759
Expiration Date: Xxx, 20XX
Respondent Burden: 7 minutes

GENERAL MEDICAL/PHYSICAL EXAM FORM

2022 NATIONAL VETERANS SUMMER SPORTS CLINIC

(To be completed by Examining Clinician)

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 7 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

Dear Clinician: Please fill out completely the two medical pages. In addition, please include (1) a copy of a recent EKG for anyone 40 years of age and older, (2) a recent H&P/Problem list and (3) a list of current medications and dosages. **PLEASE TYPE OR PRINT CLEARLY**

PATIENT'S NAME	SOCIAL SECURITY NUMBER *(Last 4 digits only)*	DATE	AGE

PATIENT'S DAYTIME PHONE NUMBER *(Include area code)*	CELL PHONE NUMBER *(Include area code)*	VAMC WHERE PATIENT RECEIVES CARE

PRIMARY DISABILITY/DIAGNOSIS

DATE OF ONSET _____

☐ SPINAL CORD INJURY (SCI) - LEVEL _____ ☐ COMPLETE ☐ INCOMPLETE

☐ PARAPLEGIC ☐ QUADRIPLEGIC

☐ MULTIPLE SCLEROSIS (MS)

☐ TBI/POLYTRAUMA ☐ LOW ☐ MODERATE ☐ HIGH

☐ CVA WITH RESIDUAL _____

☐ AMPUTEE ☐ RIGHT LEG, A/K, B/K ☐ RIGHT ARM, A/E, B/E ☐ OTHER _____
☐ LEFT LEG, A/K, B/K ☐ LEFT ARM, A/E, B/E

☐ PTSD ☐ LOW ☐ MODERATE ☐ HIGH

☐ BURNS

VISUAL IMPAIRMENT DIAGNOSIS ***(For Visually Impaired patient's ONLY)***

IS THE PATIENT LEGALLY BLIND?

☐ YES ☐ NO ☐ VISUAL ACUITY (<20/200 OU) ☐ VISUAL FIELD LOSS (<20 DEGREES OU) ☐ TOTALLY BLIND

DESCRIPTION OF REMAINING VISION?

_____

PLEASE RATE YOUR PATIENTS LEVEL OF INDEPENDENCE

☐ INDEPENDENT WITH SELF CARE NEEDS, INDEPENDENT ONCE ORIENTED

☐ INDEPENDENT WITH SELF CARE NEEDS, NEED SIGHTED GUIDE OCCASIONALLY AFTER ORIENTATION

☐ INDEPENDENT WITH SELF CARE NEEDS, NEED SIGHTED GUIDE CONTINUOUSLY

☐ NEED SOME ASSISTANCE WITH SELF CARE, NEED SIGHTED GUIDE

PATIENT NEEDS

PATIENT REQUIRES ATTENDANT? ☐ YES ☐ NO IF YES, ATTENDANT NAME _____

USES WHEELCHAIR MAJORITY OF TIME? ☐ YES ☐ NO

WILL THIS PATIENT NEED TO PARTICIPATE SITTING DOWN? ☐ YES ☐ NO

USES OTHER ADAPTIVE EQUIPMENT? ☐ YES ☐ NO IF YES, WHAT _____

SITTING BALANCE

☐ NORMAL ☐ FAIR ☐ POOR

GENERAL MEDICAL/PHYSICAL EXAM FORM - Page 2

PATIENT'S NAME	SOCIAL SECURITY NUMBER *(Last 4 digits only)*

MEDICAL HISTORY - DO NOT SEND IN WITHOUT ALL OF THE FOLLOWING

1. Attach your recent H & P (history and physical) problem list with all medical and surgical history.
2. Attach recent **(within last 6 months)** EKG for any patient **40 years of age and older.**
3. Attach list of current medications.
4. Attach discharge summary for any patient hospitalized during the last three (3) years.

ALLERGIES

DOES THE PATIENT HAVE DYSREFLEXIA? ☐ YES ☐ NO IF YES, EXPLAIN _____

DOES THE PATIENT HAVE ANTICOAGULATION OR OXYGEN REQUIREMENTS? ☐ YES ☐ NO IF YES, EXPLAIN _____

DOES THE PATIENT SMOKE? ☐ YES ☐ NO

ALCOHOL OR SUBSTANCE ABUSE? ☐ YES ☐ NO IF YES, DESCRIBE _____

CARDIOPULMONARY REVIEW OF SYSTEMS WAS DONE AND IS UNREMARKABLE ☐ YES

PHYSICAL EXAM *(To be filled out completely by physician)*

HEIGHT _____ *(inches)* WEIGHT _____ *(pounds)*

Weight limit for anyone who is dependent is 250 pounds; weight limit for those who can participate independently is 300 pounds.

PULSE _____ BLOOD PRESSURE _____

HEENT _____ CARDIAC _____

PULMONARY _____ ABDOMEN _____

EXTREMITIES _____ NEURO _____

Dear Clinician: Your patient is planning on participating in a **vigorous** outdoor summer sporting rehabilitation clinic. Examples of high-risk patients are: **a smoker who is overweight; brittle diabetics; patients with significant COPD or CHF**; and patients that require **close medical supervision**. High risk patients: those with potential sun exposure risks and possible hypothermia risks - these events will be outside in high sun and potential cold water temperatures. Patients are admitted to this clinic based on your judgements about their current health status.

IF THEY REQUIRE HOSPITALIZATION FOR A PRE-EXISTING CONDITION, YOUR MEDICAL CENTER WILL BE LIABLE FOR ANY CHARGES INCURRED OUTSIDE OF VA CARE. DO NOT SEND ANY PATIENT THAT IS CURRENTLY UNSTABLE OR UNDERGOING EVALUATION FOR CLINICAL INSTABILITY.

If the patient's condition changes before the event, please contact Michal "Kalli" Hose, MD at the VA San Diego Healthcare System, (858) 518-5056 or contact the Division of General Internal Medicine through operator at (858) 552-8585, e-mail MichalKalli.Hose@va.gov.

☐ PATIENT **IS** MEDICALLY/BEHAVIORALLY FIT TO PARTICIPATE ☐ PATIENT **IS NOT** MEDICALLY/BEHAVIORALLY FIT TO PARTICIPATE

SIGNATURE AND TITLE OF EXAMING CLINICIAN	NAME OF EXAMING CLINICIAN *(Please print)*
HOSPITAL AND ADDRESS OF EXAMINING CLINICIAN	TELEPHONE NUMBER *(Recent)*
	EXAMINING CLINICIAN'S E-MAIL ADDRESS